

FILED DEC 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Report
37110

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 288

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 Locust St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL") 4
(d) Street No. 602 Locust St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME NANCY BLEVINS

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L.L. Blevins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 4 - 4 - 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Spartansburg S. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Robt. E. Byers
13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Jane Cottrell
15. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willard Hathman
(b) Address 602 Locust St., Columbia, Mo.

17. (a) Removal (b) Date thereof 11-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director Barber Funeral Service
(b) Address Columbia, Mo.

19. (a) 11-27-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1944 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11-6-44 to 11-26-44
and that death occurred on the date and hour stated above.
I last saw him alive on 11-24-44

Immediate cause of death Cerebral Hemorrhage
Duration 9 yrs
Due to Last Hem. 11-6-44

Due to Brain in bed 9 yrs

Other conditions (include pregnancy within 3 months of death) 83A!

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? No (Specify type of place)
(e) Means of injury _____
23. Signature W.D. Byers (M. D. or other)
Address Columbia, Mo. Date signed 11-27-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

01
7-44

DEC 11 1944

DEC 8 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

W. N. Whitrides

Licensed Embalmer No. *3893*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.